GREETINGS FROM COOLIDGE SCHOOL

January 6, 2014 www.shrewsbury-ma.gov/schools/coolidge

Dear Families,

Happy New Year! I hope you enjoyed every bit of our extended break. I can see that staff and students alike are well rested and ready to dive back into school. I am grateful that we can all look forward to a long stretch of learning time ahead.

I've enjoyed hearing about what students read, wrote and did over vacation. Please keep in mind the importance of regular practice to skill development in all areas. When it's raining reading, writing and 'rithmetic practice can be wonderful ways to fill the time. Forms to document that practice can be found on the web or in the Office. See below for some special opportunities for exercising the body, too.

Sincerely,

Amy

Amy Clouter *Principal*

IMPORTANT DATES:

January 20 MLK, Jr. Day- No school
January 24 PTO's Parent's Night Out
January 25 Breakfast with a Buddy

January 28 PTO Meeting, 7 pm in the Media Center **February 12 Young Audience's** *Abraham Lincoln* **visits**

February 17-21 Winter Break

FYI

- 1. Please use this link to access helpful reminders in the event that we do have to contend with delays, cancellations and the like: http://schools.shrewsbury-ma.gov/egov/docs/1219351513410.htm
- 2. BOKS could come back to Coolidge! All we need is a lead, and volunteers are always welcome. Have you wanted to lead a group of energetic children? This could be a great way to get in shape and have some fun too. No experience necessary, volunteers just need to follow directions, keep the kids focused and get them through the day plans. Interested? Please contact Maria Rydelek directly at: mjrydelek@yahoo.com.
- 3. Interested in registering for BOKS? See the letters and attached forms below-they will be posted to the Coolidge School website again shortly.



To: Coolidge Elementary School Community

From: Maria Rydelek

Re: BOKS (Build Our Kids' Success)

Date: January 2014

Dear Parents and Guardians,

We are pleased to announce the second session of BOKS, a before school physical activity program, at the Coolidge School this winter. BOKS prepares children for a day of learning and is an important step in helping children gain an appreciation of the benefits of exercise and healthy choices that will last a lifetime. BOKS was inspired by Dr. John Ratey's book "Spark". Dr. Ratey, of Harvard Medical School, states that "exercise is the single most powerful tool that we have to optimize the function of our brains." Classes are filled with team-oriented games and provide plenty of opportunity for play, since the program focuses on fun!

Typical BOKS Class

- 45 minutes long
- Fun warm-up game or movement drills
- Running activity, relay races, obstacle courses and strength movements
- Fun game
- Cool down and a BOKS Bit- a nutrition component of the program

COMMUNITY PARTICIPATION

BOKS is designed to involve the whole community and family. **We are currently in search of A LEAD AND VOLUNTEERS.** If you are interested in either please contact Maria Rydelek at mirydelek@yahoo.com.

When is BOKS?

BOKS will run for 8 weeks every Tuesday and Thursday morning from 7:45 am to 8:30 am. The session starts the week of January 20h.

*Please note if there is no school the BOKS program will not run.

How do I sign up?

Complete the attached registration form for each child. Approximately 15 children may participate in the session and the participants will be chosen based on a lottery. The cost is \$25/child. Registration plus payment is due by January 15th. Please send in registration form and check made out to Shrewsbury Public Schools via backpack to the main office. The lottery will take place on January 15th. If your child is not chosen in the lottery he/she will be placed on a wait list and the \$25 fee will be returned.

Is there transportation for BOKS?

Parents will be responsible for transporting their children to school. Children who attend a before school program are eligible to enroll and participate.

I hope that you will share my enthusiasm for this program and you will, in turn, see a positive impact on your children.

Sincerely, Maria Rydelek



To: Coolidge Elementary School Community – Extended Day Participants

From: Maria Rydelek

Re: BOKS (Build Our Kids' Success)

Date: January 2014

Dear Parents and Guardians.

We are pleased to announce the second session of BOKS, a before school physical activity program, at the Coolidge School this winter. BOKS prepares children for a day of learning and is an important step in helping children gain an appreciation of the benefits of exercise and healthy choices that will last a lifetime. BOKS was inspired by Dr. John Ratey's book "Spark". Dr. Ratey, of Harvard Medical School, states that "exercise is the single most powerful tool that we have to optimize the function of our brains." Classes are filled with team-oriented games and provide plenty of opportunity for play, since the program focuses on fun!

Typical BOKS Class

- 45 minutes long
- Fun warm-up game or movement drills
- Running activity, relay races, obstacle courses and strength movements
- Fun game
- Cool down and a BOKS Bit- a nutrition component of the program

When is BOKS?

BOKS will run for 16 sessions every Tuesday and Thursday morning from 7:45 am to 8:30 am. The session starts the week of January 20th.

*Please note if there is no school the BOKS program will not run.

How do I sign up?

Complete the attached registration form for each child. 15 children may participate in the session at no charge and will be chosen via lottery. Registration is due by January 15th. Please return via backpack to the main office.

Is there transportation for BOKS?

Parents will be responsible for transporting their children to school. Children who attend a before school program are eligible to enroll and participate.

COMMUNITY PARTICIPATION

BOKS is designed to involve the whole community and family. We are currently in search of a LEAD and VOLUNTEERS. If you are interested in either please contact Maria Rydelek at mjrydelek@yahoo.com. You can also visit the BOKS website at www.bokskids.org for more program details.

I hope that you will share my enthusiasm for this program and you will, in turn, see a positive impact on your children.

Sincerely, Maria Rydelek

Registration Form

EXTENDED DAY NON EXTENDED DAY	_
Please fill out the following form, one per program partic Ensure all information is complete, legible and the las signed.	*
Participant (Child) Information:	
Parent/Guardian Information:	
Last Name:	_ First
Name: Street Addres	ss:
City:	
State:Zip code:	
Date of Birth(mm/dd/yyyy): Teacher:	Grade:
- List known Allergies/Medical Conditions:	_N/A
Gender: Female Male School:	
OPTIONAL: What is your race? (check all that apply)	
Are you Hispanic or Latino? Yes ☐ No ☐ Caucasian Native Hawaiian or Other Pacific Islander	
American Indian/Alaskan Native	

Black or African American ☐ Asian☐ ☐ ☐ ☐ Other ____ Primary Phone #: (_____) ____- Parent/Guardian Name: Email: @ . Parent/Guardian Name: Phone #: Phone #: () -_____ (Home \sqsupset Cell \sqsupset) (Work \sqsupset Cell \sqsupset) (Work \sqsupset Cell \sqsupset) Emergency Contact (not parent): Phone #: () - or () -Emergency Contact's relationship to child: (check one) Grandparent ☐ Aunt/Uncle ☐ Godparent ☐ Sibling ☐ Family Friend ☐ Other: Visit us online at www.bokskids.org.

BOKS Block 4: Registration Form

MEDICAL TREATMENT PLAN

I, the Parent/Guardian of the above-named participant, herby represent that Participant is medically fit to participate in the Program. I understand that the Program involves physical exercise that may be strenuous, including but not limited to running, jumping, throwing and catching. I hereby give Sponsors permission and full authority in the event of illness, injury or emergency condition, to administer first aid and take whatever action considered appropriate under the circumstances to obtain medical treatment and services for the Participant, including but not limited to transportation to medical facility. I also authorize the use and disclosure of Participant's individually identifiable health information should treatment for injury or illness become necessary.

Doctor Name:	Dentist Name:
Doctor Phone #:	-
Dentist #:	
This agreement shall be governed under th Massachusetts.	e laws of the Commonwealth of
Parent/Guardian: I verify that I am the parent have the authority to enter into this agreem and I agree to be bound by the terms and c	ent on behalf of the Participant,
Parent/Guardian Signature: Parent/Guardian Signature:	Date:
Date:	
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